10											<u> 2 P c</u>	<u> </u>		
	PATENT APPLICATION FEE DETERMINATION RECOI								Application or Docket Number					
Effective January 1, 2003							10616 430							
CLAIMS AS FILED - PART I (Cojumn I) (Celumn 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY						
TOTAL CLAIMS			19					RATE	FEE]	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FEI	375.00	OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS			(8) minus 20=		• 0		I	X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			9 minus 3 =				·I	X42=		OR	X84=			
ML	LTIPLE DEPE	NDENT CLAIM P	RESENT					+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "O" in column 2								TOTAL		OR	TOTAL	750		
μ	(Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PRÉVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NO MO M	Total	. 16	Minus	- 2	0	3		X\$ 9=	,	OR	X\$18=	/		
III	Independent	. 2	Minus	***	3	•	Γ	X42=	1	OR	X84=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=	1	OR	+280=	<u></u>		
03/30/05							L	TOTAL			TOTAL			
	• .	(Column 1)		(Calur	ໜ 2)	(Column 3)	A	DDIT. FEE	<u> </u>		ADDIT. FEE	L		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	ESY BER OUSLY	PRESENT EXTRA:		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE		
MENDMENT	Total	. 16	Minus	•• 7	10	• /		X\$ 9=	7	OR	X\$18=			
AME	Independent • 2 Minus ••• 3 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					- /		X42=		OR	X84=			
								+140=		OR	+280=			
١,,	•					,	A	TOTAL DOIT, FEE	<u>/</u>	OR	TOTAL ADOIT, FEE	7		
		ــــا		· — · · — · ·										
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	. 16	Minus			- /	T	X\$ 9=	/	OR	X\$18=			
AME	Independent	· /	Minus	***	3	•	1	X42=	/	OR	X84=			

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 to-less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR ADDIT, FEE

FORM PROSPS (Res 1802)

U.S. Commitment Printing Office: 2000 — 490-278/68151

OR

+280=

+140=